

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A. BOONE		08-06-01
O.I.P.E. CLASSIFIER			8-10-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	RL M.D.	1080 625	9-13-01 11-14-01

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INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral).... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	
Final	04/01	04/04
Original	05/01	05/02
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
12	✓	✓
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Claim	Date	
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If more than 150 claims or 10 actions
staple additional sheet here

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1081
09/13/01
6511/02/01